



EPA

**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPAID Number

VAD981108178

05/02/97

Asplundh Tree Expert Co
12660 E Lynchburg Salem Tpk
Forest, VA 24551
Mark Sharman Plt Mgr
804-525-2929

Installation Address

12660 E Lynchburg Salem Tpk
Forest, VA 24551

EPA Form 8700-12A (6-90)

This was a subsequent notification to request changes in the following areas:

Physical Address
Mailing Address
Generator Status

ease print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED
For Official Use Only

MAY 1 1997

Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number

V A D 9 8 1 1 0 8 1 7 8

Name of Installation (Include company and specific site name)

S P L U N D H T R E E E X P E R T C O

Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 6 6 0 E L Y N C H B U R G S A L E M T P K E

Street (Continued)

U S R O U T E 4 6 0 W

City or Town

State

Zip Code

O R E S T V A 2 4 5 5 1 - 3 4 1 7

County Code County Name

5 1 5 B E D F O R D

Installation Mailing Address (See Instructions)

Street or P.O. Box

A M E

City or Town

State

Zip Code

Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

H A R M A N M A R K

Job Title

Phone Number (Area Code and Number)

L A N T M A N A G E R 8 0 4 - 5 2 5 - 2 9 2 9

Installation Contact Address (See Instructions)

A. Contract Address Location Mailing Other

B. Street or P.O. Box

☒ ☒ ☐ S A M E

City or Town

State

Zip Code

Ownership (See Instructions)

Name of Installation's Legal Owner

e e A t t a c h e d S h e e t

Street, P.O. Box, or Route Number

0 8 B L A I R M I L L R O A D

City or Town

State

Zip Code

I L L O W G R O V E P A 1 9 0 9 0 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

1 5 - 7 8 4 - 4 2 0 0 P P Yes ☐ X No

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- D 0 3 9 D 0 0 1 D 0 0 8 D 0 1 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 3	F 0 0 5				
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

Mark B. Sharman, Plant Manager

4/29/97

XI. Comments

Change Generator Quantity Status

CRB

9/2/97

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

Peter W. Schmidt
Director

Brammer Village
3035-E Peters Creek Road, NW
Roanoke, VA 24019
(703) 562-3555

Thomas L. Henderson
Regional Director

February 27, 1996

DEPT OF
ENVIRONMENTAL QUALITY
MAR 04 1996
OWRM/PERMITTING

Mr. Mark Sharman, Plant Manager
Asplundh Tree Expert Company
Rt 1 Box 574
Route 460 West
Forest VA 24551-9714

RE: RCRA Inspection on 10/31/95
EPA ID# VAD981108178

Dear Mr. Sharman:

Thank you for your follow up letter dated February 21, 1996 responding to the one area of non-compliance that was not addressed in your original letter dated December 28, 1995.

Upon review, it has been determined that you have corrected violation number five (5) outlined in the inspection report dated 1/29/96. Thank you for enclosing a photograph of the gasoline tank accumulation area illustrating the required signage.

I also recently spoke with Sharon Orange regarding the possibility of selling your used gasoline to another company as a product. That would be very beneficial, as I'm sure you know, as your facility's generation status would be at a small quantity generator level. I requested of Sharon if she would send me the information for my review before actually proceeding with the arrangement and renotification. I foresee no particular problem, and will respond as soon as I receive the information.

Thank you once again, and as always, please do not hesitate to call me at (540) 562-3555 with any questions.

Sincerely,

Kimberly Batwinas
Environmental Inspector Sr
Waste Compliance Division

c: West Central Regional Office Files
Ms. Claire Slaughter, DEQ-Waste, Office of Technical Assistance



COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

Peter W. Schmidt
Director

Brammer Village
3035-E Peters Creek Road, NW
Roanoke, VA 24019
(703) 562-3555

Thomas L. Henderson
Regional Director

January 29, 1996

Mr. Mark Sharman, Plant Manager
Asplundh Tree Expert Company
Rt 1 Box 574
Route 460 West
Forest VA 24551-9714

RE: RCRA Inspection
EPA ID# VAD981108178

Dear Mr. Sharman:

The Department of Environmental Quality (DEQ)- West Central Regional Office (Roanoke) Hazardous Waste Division conducted a RCRA Compliance Evaluation Inspection (CEI) at your facility on October 31, 1995. Thank you for the tour of the facility and the chance to observe its operations. As we discussed during the inspection and exit briefing, your facility had some areas of non-compliance with portions of the Virginia Hazardous Waste Management Regulations (VHWMR).

I received your letter dated December 28, 1995, addressing the corrective actions taken at your facility to return these areas into compliance. Checklists that we reviewed during the inspection have been completed and are enclosed in this inspection report. The instances of non-compliance are indicated on the checklists and in the outline below. If the deficiency was corrected by your letter dated 12/28/95, it will be indicated within the summation.

1. The facility was in non-compliance with VHWMR § 6.4.E.1.A and 9.8.B when there was the appearance of spillage and/or leakage of paint waste from a drum located in one of the 90-day accumulation areas. The drum was not in good condition, and as we discussed, there are materials on the market and preventative methods that will deter the spillage of the waste down the sides of a drum. This area of non-compliance has been corrected by your facility implementing new procedures to minimize spillage.
2. The two containers in the 90-day accumulation area containing waste gasoline was not a minimum of fifty (50) feet from the facility's property line, which is in non-compliance with VHWMR § 9.8.F. This has been corrected when the facility moved the two (2) portable used gasoline tanks to a distance of 63 feet and 7 inches away from the property line.

3. One 55-gal satellite container was labeled incorrectly as to its actual contents within the drum. The drum was labeled as used oil filters, when in actuality it contained petroleum naphtha. This area of non-compliance of VHWMR § 6.4.E.3.a(2) was corrected when the contracted parts washer service (Safety Kleen) corrected the label.
4. As recommended in VHWMR § 9.1.E.3, there were no "Authorized Personnel Only" sign posted at both 90-day accumulation areas. Even though your facility is fenced around the property line to prevent a security breach of the facility, it is important to alert those employees who are not trained and/or do not handle hazardous waste to remain out of the designated areas. Since the inspection, such signs have been posted, thus correcting this deficiency.
5. There were no "Hazardous Waste" signs on the two portable used gasoline containers in one of the 90-day accumulation areas. Such labeling is required under VHWMR § 6.4.E.1.b. It was noted that the shed area was labeled as "Flammable/Waste Gas." As we discussed, it is permissible to place a hazardous waste sticker (red on yellow background) on the portable tanks and document on the daily logs the beginning accumulation date. This prevents having to remove and replace the accumulation stickers on the tanks every shipping event. This topic was not addressed in your response letter dated 12/28/95.

Since the inspection, Asplundh has taken appropriate actions to correct the compliance deficiencies numbered 1-4. Please respond in writing addressing the fifth area of non-compliance outlined above within 45 calendar days. I have enclosed the information on disposal and recycling of lighting devices mentioned during the inspection. Also, a copy of the Regulations (VHWMR) are being sent separately under third class book rate.

Thank you very much for your time and cooperation during the inspection. It was a pleasure meeting you, Sharon, and Kevin. If you have any questions or need any additional assistance and/or information, please do not hesitate to call me at (540) 562-3555.

Sincerely,



Kimberly Batwinas
Environmental Inspector Sr
Waste Compliance Division

Enclosures

c: West Central Regional Office Files
Ms. Claire Slaughter, DEQ-Waste, Office of Technical Assistance

DEPARTMENT OF ENVIRONMENTAL QUALITY WASTE DIVISION

SURVEY SHEET FOR INSPECTION OF HAZARDOUS WASTE FACILITIES

NAME of FACILITY: *ASPLUNDH TREE EXPERT CO*

ADDRESS: *ROUTE 1 BOX 574
ROUTE 460 WEST
FOREST VA 24551-9714*

EPA ID NUMBER: *VAD981108178*

**FACILITY
REPRESENTATIVES
AND TITLES:** *MARK SHARMAN, PLANT MANAGER
SHARON ORANGE, OFFICE & PERSONNEL SUPERVISOR
KEVIN HARRISON, RECORD KEEPER*

**TELEPHONE
NUMBERS:** *Phn: (804) 525-2929 Fax: (804) 525-0917*

**INSPECTOR NAME
AND TITLE:** *KIMBERLY BATWINAS
ENVIRONMENTAL INSPECTOR SR*

DATE of INSPECTION: *30 OCTOBER 1995*

1. What is the business activity of the firm? (i.e., furniture mfg., metal plating, recycling, etc.)

Contract tree trimming service; repair and rebuilding of equipment.

2. Give a brief description of the waste stream(s) [by chemical name, if possible] and hazardous waste code(s) generated by the firm.

*[F005, F003, D001, D008] Waste Paint/gun cleaner *Waste stream ended 2/17/95 **

[D001, D018] Contaminated used gasoline/Benzene

[D006, D008, D018, D036, D039, D040] Parts Washers/Petroleum Naphtha

[F003, F005] Waste Paint/Waste Flammable Liquid

3. List the highest amounts of hazardous waste generated in one month of a calendar year and highest accumulated for each type of waste generated.

<u>Waste Code</u>	<u>Amount Generated</u>	<u>Amount Accumulated</u>
<i>F005, F003 (gun cleaner)</i>	<i>approx 180 lbs/mo</i>	<i>184 lbs</i>
<i>D001, D018 (used gas)</i>	<i>approx 1200 lbs/mo</i>	<i>6060 lbs</i>
<i>D039 (parts washer)</i>	<i>approx 160 lbs/mo</i>	<i>603 lbs</i>
<i>F003, F005 (waste paint)</i>	<i>avg 590 lbs/mo</i>	<i>2200 lbs</i>

4. Does the facility ever generate greater than:
1 kg. of acutely toxic waste (P listed waste or
F020-F023 and F026-F027)? *NO*

100 kg of clean-up from a spill of P listed waste
or F020-F023 and F026-F027 waste? *NO*
If yes, then the facility is a large quantity generator.

5. How is the waste presently being handled? Where is it sent?
(List all transporters and facilities, or on-site treatment performed).

Safety Kleen [TRANS = ILD981108178] [TSD = VAD000737361]
Environmental Options [TRANS = VAD112973185]
ERC-USA [TSD = VAD086293719]
Prillaman Chem Corp [TRANS = VAD003111416] [TSD = VAD003111416]

6. Does the facility generate any hazardous waste
that is excluded from regulation? If yes,
list the waste and the basis for exclusion. *N/A*

(other than general recyclable items)

7. Does the facility: *Generates*
(recycled only) **Market** **Burn**

used oil that is burned for energy recovery? Underline or circle
all that are applicable. (If the facility markets or burns
used oil, fill out the Used Oil Checklist.) *NO*

Does the generator of used oil to be burned for energy recovery
(other than a Conditionally Exempt Small Quantity Generator) mix
the used oil with hazardous waste? If YES, then fill out
the Used Oil Checklist. *NO*

8. Does the facility generate any hazardous waste that is reclaimed that is reclaimed to recover economically feasible amounts of gold, silver, platinum, palladium, iridium, osmium, rhodium, ruthenium, or any combination of these? If Yes, list the waste, where it is sent, and complete the **Metals Recovery Checklist**. **NO**
9. Does the facility ~~generate~~, transport, store, collect or reclaim spent lead-acid batteries? If yes, Underline or circle all that are applicable. If the facility stores batteries before reclaiming them, complete the **Metals Recovery Checklist**. **YES**

Episodic generation. Facility takes used batteries to NAPA Auto parts in Lynchburg VA.

10. Based on the above, the facility is a:
- a. conditionally exempt small quantity generator
 - b. small quantity generator
 - c. ~~large quantity generator~~
 - d. permitted or interim status TSD
 - e. unpermitted TSD (explain in comments section)
 - f. transporter
 - g. other: please explain _____
11. Check accumulation times and quantities for the three types of generators. If the times or quantities are exceeded, then the facility is moved up to the next category. Complete the appropriate checklist(s).

A conditionally Exempt small quantity generator can accumulate for an indefinite period of time until he has accumulated 1000 kg (approx. 5-55 gallon drums) of non-acute hazardous waste, at which time the accumulation time (180 days or 270 days) for small quantity generators begin.

Small quantity generators can accumulate hazardous waste for up to 180 days or 270 days if the disposal site is over 200 miles away (in containers and tanks only). However, if at any time over 6000 kgs of waste is accumulated, then the small quantity generator becomes a generator, or an unauthorized facility, as applicable.

12. List each container and tank accumulation area. Specify the number and capacity of each tank and container. [Note: Include any satellite accumulation areas. Verify that only 55 gallons of any particular hazardous waste code (or one quart of acutely toxic waste) is at that area.] SA = Satellite accumulation area AA = 90 day accumulation area

<u>Location</u>	<u># of Containers</u>	<u># of Tanks</u>	<u>Capacity</u>
SA - 1 [parts rebuilding]	1	0	55-gal
SA - 2 [lift area]	1	0	50-gal
SA - 3 [welding/fnl asmbly shp]	1	0	55-gal
SA - 4 [paint shed]	1	0	55-gal
Outside paint shed (NH/NR)	0	1	550-gal
AA - 1 [motor storage area]	2	0	55-gal each
AA - 2 [lwr lot/equip strge]	2	0	550-gal each

3. Comments:

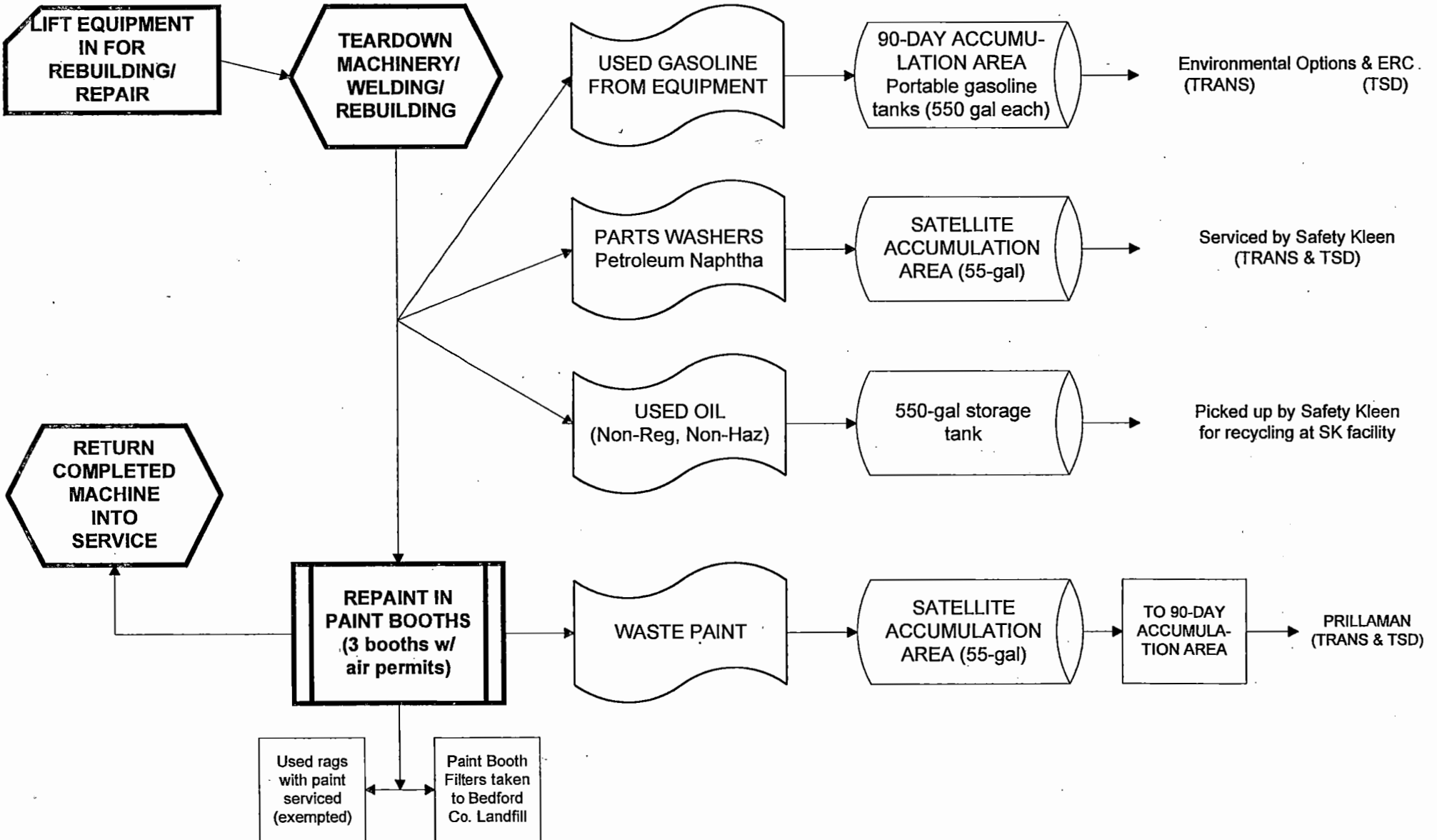
- * Facility generates used Hydraulic Oil from lift equipment which is recycled by Safety Kleen (non-haz, non-reg). It is stored on site in a 550-gal tank. Amount generated in 1995 is 2550 gallons.
- * Contaminated waste paint rags are contractually serviced by Russ Linen Service.
- * Any used tires that may potentially be generated are placed back onto equipment as spare tires
- * Scrap steel handled by Cycle Systems, Lynchburg
- * Paint booth filters generated by spray booths were analyzed on 1/18/95 and passed TLCP. Asplundh received final approval from Bedford County Landfill to dispose of the filters in the landfill.
- * Air Permit Registration #30951 for three (3) coating spray booths. Approved on 12/28/94.
- * General Storm water permit # VAR220049.

14. Waste Management Flow Diagram:

(Sketch a brief, but detailed, flow diagram that includes how and where the waste is generated, the steps through a treatment system (if any), the steps through storage including satellite accumulation areas. Do this for each waste stream including excluded hazardous waste. Include any wastewater treatment facilities at the company, and verify the type of units included in the system, and any hazardous waste streams going to WWTP.)

*** Please refer to attached page for diagram ***

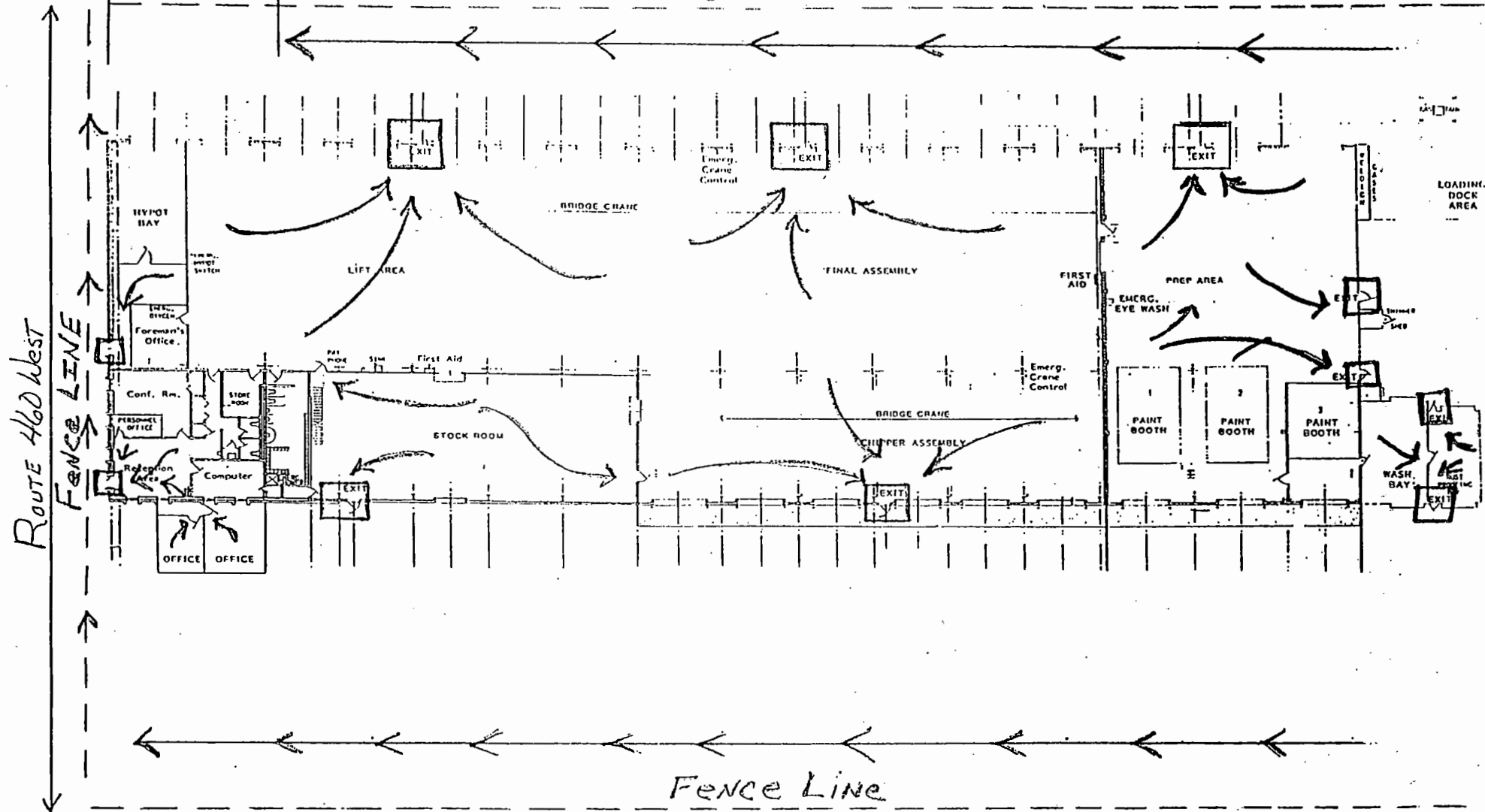
VAD981108178
RT 460 West
FOREST VA 24551-9714



Employee
PARKING
LOT

Rt 460 West
Forest VA 24551
VAB 981108178

Fence Line



#1 When warning is sounded
leave through nearest exit.

#2 Proceed along fence line
toward highway

#3 Go directly to the employee's
parking lot for roll-call

#4 Do not leave
until authorized

Rec'd in file
10/30/95



Bedford County

DEPARTMENT OF SOLID WASTE

February 3, 1995

Mr. Mark B. Sharman
Plant Manager, Asplundh
Rd#1, Box 574, Route 460 West
Forest, Virginia 24551-9714

RE: Disposal of Paint Filters

Dear Mr. Sharman:

The Bedford County Landfill will continue to accept your paint filters and clay based oil and grease absorption materials. The landfill will accept the additional materials meeting the same characteristics as the materials outlined in the letter from the Department of Waste Management dated June 27, 1991, outlined in your letter dated January 23, 1995.

If you have any questions, please contact Mr. William C. Rolfe at (703) 586-7601.

Sincerely,

Trent Smith

January 1994

DEPARTMENT OF ENVIRONMENTAL QUALITY WASTE DIVISION

CHECKLIST FOR HAZARDOUS WASTE INSPECTION OF LARGE QUANTITY GENERATORS (LQG)

FACILITY NAME: *ASPLUNDH TREE EXPERT CO.*

EPA ID NUMBER: *VAD981108178*

INSPECTION DATE: *30 October 1995*

NOTE: * means Non-Compliance

VIRGINIA HAZARDOUS WASTE MANAGEMENT REGULATIONS

PART/ SECTION	REGULATION	YES NO N/A
6.3.	1. Is a manifest system currently being used for all hazardous waste shipped off site?	YES
6.2.C.	2. Has the generator determined that the facility has an EPA ID number?	YES
5.5.A.7.	3. Has the generator determined that the transporter has a valid EPA ID number and a valid Virginia Transporter permit?	YES
6.3. 5.3.B.	4. Is the following information on the manifest:	
5.3.B.1.	A. The generator's name, mailing address, EPA ID number, and telephone number?	YES
5.3.B.2.	B. A unique five digit number assigned to the manifest by the generator?	YES
5.3.B.3.	C. The total number of pages of the manifest?	YES
5.3.B.4.	D. The company name and EPA ID number of each transporter used?	YES
5.3.B.5.	E. The company name, site address, and EPA ID number of the facility designated to receive the waste?	YES
5.3.B.6.	F. The U.S. DOT description of each waste to include its proper shipping name, hazard class, and I.D. number (UN/NA) as identified in the Virginia Regulations Governing the Transportation of Hazardous Material?	YES
5.3.B.7.	G. The quantities of waste being shipped? and	YES

PART/ SECTION	REGULATION	YES NO N/A
5.3.C.	<p>H. The following certification:</p> <p>I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by (mode of transportation) according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to a degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and environment. OR, If I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.</p>	YES
6.5.C.1.b.	5. Have manifests been received from the TSD facility for any waste which was shipped over 45 days ago?	YES
6.5.C.1.b.	6. If no, has the generator filed an exception report with the Executive Director?	N/A
6.5.C.1.b.	7. Does the exception report include:	
6.5.C.1.b.(1)	A. A legible copy of the manifest for which the generator does not have confirmation of the delivery? and	N/A
6.5.C.1.b.(2)	B. A cover letter explaining the efforts taken to locate the shipment?	N/A
6.4.E.1.d. 9.1.G.1.	8. Have facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures?	YES
9.1.G.2.	9. Have new employees to the facility successfully completed training mentioned above within six months of their employment or assignment to the facility?	YES
9.1.G.3.	10. Do personnel participate in an annual review of the initial training?	YES
9.1.G.4.	11. Does the owner/operator maintain the following documents and records at the facility:	
9.1.G.4.a.	A. Job titles for each position at the facility related to hazardous waste management?	YES
9.1.G.4.a.	B. The name of the employee filling each job?	YES
9.1.G.4.b.	C. A written job description for each position in 11.A. above?	YES
9.1.G.4.c.	D. A written description of the type and amount of both introductory and continuing training that will be given to each person filling a position listed in 11.A. above? and,	YES
9.1.G.4.d.	E. Records that document that the training or job experience required above has been given to, and completed by facility personnel?	YES
6.4.E.1.d. 9.2.B. 9.2.D.	12. At the facility, is the following equipment installed:	

PART/ SECTION	REGULATION	YES NO N/A
9.2.B.1.	A. An internal communications or alarm system capable of providing immediate emergency instruction to facility personnel if the hazardous waste generation or accumulation areas are threatened by hazardous waste release, fire or explosion?	YES
9.2.B.2.	B. A device (at the scene of hazardous waste generator operations) capable of summoning emergency assistance from Police, Fire Departments, etc.?	YES
9.2.B.3.	C. Portable fire extinguishers, fire control equipment and decontamination equipment? and	YES
9.2.B.4.	D. Water at adequate volume and pressure to supply expected fire demands, foam producing equipment, automatic sprinklers or water spray system?	YES
9.2.C.	13. Is the above equipment tested and maintained as necessary to assure proper operation and is a record of the tests and inspections maintained on a log at the facility?	YES
9.2.E.	14. Does the facility have adequate aisle space to allow the unobstructed movement of personnel, fire protection equipment, spill control equipment, and decontamination equipment during emergencies?	YES
6.4.E.1.d. 9.1.F.4.	15. Does the generator record inspections of the accumulation area at his facility in an inspection log? <i>WEEKLY</i>	YES
9.2.F.1.	16. Has the facility attempted to arrange agreements with the local authorities such that:	
9.2.F.1.a.	A. The police, fire and emergency response teams are familiar with the layout of the site, the properties of the hazardous waste handled at the site, normal working areas, entrances to roads inside the facility and possible evacuation routes?	YES
9.2.F.1.b.	B. Where more than one police and fire department might respond to an emergency, do agreements specify a primary emergency authority?	YES
9.2.F.1.c.	C. Agreements with Commonwealth emergency response teams, emergency response contractors and equipment suppliers are specified? and	YES
9.2.F.1.d.	D. The local hospital is familiar with the properties of the hazardous wastes handled and the types of injuries or illnesses which could result from fires, explosions, or releases?	YES
6.4.E.1.d. 9.3.A.1.	17. Does the facility have an established contingency plan to deal with any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to the air, soil, ground water or surface water?	YES
9.3.B.	18. Does the contingency plan contain the following elements:	
9.3.B.(1,2)	A. A detailed description of emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous waste to air, soil, and water?	YES
9.3.B.3.	B. A description of arrangements agreed to by local police departments, fire departments, hospitals, contractors and Commonwealth and local emergency response teams to coordinate emergency services, as required?	YES

PART/ SECTION	REGULATION	YES NO N/A
9.3.B.4.	<p>C. A listing of names, addresses, and office and home phone numbers of all persons qualified to act as emergency coordinator? List primary Coordinator.</p> <p>NAME: MARK A. SHARMAN TITLE: PLANT MANAGER PHONE: Home (804) 237-3983 Cellular: (804) 660-3939 Office (804) 525-2929</p>	YES
9.3.B.5.	D. A list of appropriate emergency equipment necessary to cope with emergencies at the generator facility? Does this list of emergency equipment specify the location and physical description of each item on the list and a brief outline of its capabilities?	YES
9.3.B.6.	E. An evacuation plan for the generator facility where there is a possibility that evacuation could be necessary? and	YES
9.3.C.2.	F. Have copies of the contingency plan been sent to all local police departments, fire departments, hospitals and Commonwealth and local emergency response teams? *** PLEASE LIST ON THE LAST PAGE UNDER "COMMENTS".	YES
9.3.F.	19. Has the contingency plan ever been implemented? ONE "FALSE ALARM"	NO
9.3.F.(9,10)	20. If yes, was a written report filed with the Director within 15 days and were the Director and other required authorities properly notified before operations resumed?	N/A
6.5.A.1., 2., & 3.	21. Does the generator retain copies of all manifests, annual reports, exception reports, test results, and waste analysis for at least three years?	YES
6.5.B.1.	22. Has the facility submitted an annual report for the preceding calendar year by March 1? WAS NOT A LQG PREVIOUS YEAR (1994); BECAME LQG IN 1995, THUS A 1995 ANNUAL REPORT MUST BE SUBMITTED BY 3/96	N/A
6.4.E.7.	23. Does the generator who manages HW prohibited under Part XV treat waste in tanks and containers? If yes, must meet requirements of 6.4.E. and 15.1.G.1.d.	NO
15.1.G.1.d.	24. If the generator treats waste in tanks or containers, has the generator developed a written waste analysis plan and kept on-site in the generator's records. Has the generator filed a plan with director at least 30 days prior to treatment.	N/A
6.5.D.	25. Has the generator ever submitted a release report if responsible for release of HW which threatens public health. (Must notify NRC, local Government, the Department.)	NO
6.4.E.2.	26. Does the generator accumulate (store) hazardous waste in containers or tanks on-site for greater than 90 days? If yes, interim status or a TSD permit is required. (Up to a 30 day extension may be granted by the Director.)	NO
6.4.E.1.e.	27. Has the generator notified the Executive Director by March 1, 1988, of the exact location of the existing container and tank accumulation areas, and at least 15 days prior to use for subsequently established accumulation areas?	YES
6.4.E.1.a.(1) 9.8.	28. The Use and Management of Containers for 90 Day Accumulation Areas:	

PART/ SECTION	REGULATION	YES NO N/A
6.4.E.1.a 9.8.B.	29. Are all containers holding hazardous waste in good condition, i.e., not showing signs of leakage or corrosion or any other deterioration/deformation? If No , list the accumulation areas where there are problems and the type of problems. *** PLEASE LIST ON THE LAST PAGE UNDER "COMMENTS" .	* NO * (SEE COMM ENTS)
6.4.E.1.a. 9.8.C.	30. Are the containers lined or made of materials compatible with hazardous waste placed into them so that the container will not react with, or otherwise be incompatible with, the hazardous wastes stored?	YES
6.4.E.1.b.	31. Is the date upon which each period of accumulation begins clearly marked and visible for inspection on each container? * PLEASE SEE COMMENTS *	YES
6.4.E.1.c.	32. Is the container labeled or marked clearly with the words "Hazardous Waste".	YES
9.8.D.1.	33. Are all containers holding hazardous waste kept closed during storage except as necessary to add or remove waste? If No , list the locations where open containers are found.	YES
9.8.E.	34. Are the areas where hazardous waste containers are stored inspected by the owner/operator at least weekly?	YES
9.8.F.	35. Are containers holding ignitable or reactive waste located at least 50 feet from the facility's property line?	* NO *
9.8.G.1.	36. Are incompatible wastes placed in separate containers?	YES
9.8.G.3.	37. Are storage containers holding hazardous wastes which are incompatible with any materials or other hazardous wastes stored nearby separated from the other materials or protected from them by means of dikes, berms, walls, or other devices?	YES
6.4.E.3.a.	38. Does the generator have satellite accumulation areas where up to 55 gal of any one type of HW (1 QT acutely HW) are accumulated? If yes,	YES
6.4.E.3.a.	A. Is the area located at or near the point of hazardous waste generation where the wastes initially accumulate?	YES
6.4.E.3.a.(1) 9.8.B.	B. Are the containers in good condition? * PLEASE REFER TO COMMENT TO QUESTION #29 *	YES
6.4.E.3.a.(1) 9.8.C.	C. Are the containers compatible with the waste?	YES
6.4.E.3.a.(1) 9.8.D.1.	D. Are the containers kept closed except as necessary to add or remove waste?	YES
6.4.E.3.a.(2)	E. Are the containers marked with the words "Hazardous Waste" or other words that identify the contents of the container? * SEE COMMENTS *	* NO *
6.4.E.3.b.	F. Are amounts in excess of those allowed being accumulated in the satellite accumulation area? If yes,	NO
6.4.E.3.b.	1) Has the generator marked the excess amount with the date the excess amount began accumulating?	N/A

PART/ SECTION	REGULATION	YES NO N/A
6.4.E.3.b.	2) Has the generator either removed the excess amount within three days of the date of excess accumulations or has he complied with all other provisions for accumulation areas? Namely, has he notified the Executive Director about the location of the accumulation area?	N/A
	39. PLEASE LIST ANY NEWLY REGULATED WASTE THAT IS NOT LAND RESTRICTED (such as D018-D043, F032, F034 or F035). * D018, D039, D040 *	
15.1.A.2.	40. Does the facility generate, transport, treat, store or dispose any land-restricted wastes? (See VHWMR Part 15) ***	YES
15.1.A.3.	41. Is land disposal of wastes occurring? If yes,	NO
15.1.A.3.a.	A. Has the facility been granted an extension to the effective date for land restriction applicable to its restricted waste? OR	N/A
15.1.A.3.b.	B. Has the facility been granted an exemption from prohibition pursuant to a petition for those land-restricted wastes and units covered by the petition? OR	N/A
15.1.A.3.c.	C. Are the wastes hazardous only because they exhibit a hazardous characteristic and are they disposed outside the Commonwealth into an injection well without exhibiting any prohibited characteristic of hazardous waste at the point of injection?	N/A
15.1.E.	42. Has the owner/operator submitted an application for case-by-case extension to the effective date of any applicable restriction?	N/A
15.1.F.	43. Has the owner/operator been granted a petition seeking an exemption from a prohibition for the disposal of hazardous waste in a particular unit or units?	N/A
15.1.C.1.	44. Are facility representatives diluting the restricted waste or residual from treatment of the restricted waste as a substitute for adequate treatment, to circumvent the effective date of prohibition, to otherwise avoid a prohibition, or to circumvent a land disposal prohibition?	N/A
15.1.D.1.	45. Is the facility treating land-restricted wastes in a surface impoundment or series of surface impoundments? (Note: Evaporation of hazardous constituents in a surface impoundment as the principal means of treatment is not considered to be an acceptable form of treatment for land restricted wastes.)	NO
	46. If yes, does the facility meet the following requirements:	
15.1.D.1.b. 15.1.G. 15.3.C. 15.4. 15.3.	A. Are the residues of the treatment analyzed as specified in VHWMR § 15.1.G. or § 15.3.C. to determine if they meet the applicable treatment standards or VHWMR § 15.4. or where no applicable treatment standard exists, the applicable prohibition levels specified in VHWMR § 15.3?	N/A
15.1.D.1.c. 9.10.B.1. 10.10.B.3.	B. Has the owner/operator installed two or more liners and a leachate collection system consisting of an upper and lower liner designed, constructed and operated to prevent the migration of any constituents through the liner?	N/A
15.1.D.1.c. 10.5.	C. Is the facility in compliance with the applicable groundwater monitoring requirements of VHWMR § 10.5?	N/A

PART/ SECTION	REGULATION	YES NO N/A
15.1.D.1.d.	<p>D. Has the owner/operator submitted a written certification to the Executive Director that the requirements of 15.1.D.1.c. have been met which states:</p> <p>"I certify under penalty of law that the requirements of 15.1.D.1.c. have been met for all surface impoundments being used to treat restricted wastes. I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment." and</p>	N/A
15.1.D.1.d.	E. Has the owner/operator submitted a copy of the waste analysis plan for his restricted wastes accompanied by the above certification?	N/A
15.1.G.1.a.	47. For restricted wastes which the generator is managing for which he has not met the applicable treatment standards, has the generator accompanied each shipment of waste with a notification to the treatment facility of the appropriate treatment standards and any applicable prohibitions?	N/A
	48. Did the notification include the following information:	
15.1.G.1. a.(1)	A. EPA Hazardous Waste Number?	N/A
15.1.G.1. a.(2)	B. The corresponding treatment standards and all applicable prohibitions set forth in VHWMR § 15.3.C.?	N/A
15.1.G.1. a.(3)	C. The manifest number associated with the shipment of waste? and	N/A
15.1.G.1. a.(4)	D. Waste analysis data, where available?	N/A
15.1.G. 1.b.	49. For restricted wastes which the generator has determined can be land disposed without further treatment, has the generator accompanied each shipment of waste with a notification and certification to the land disposal facility that the waste meets the applicable treatment standards and the applicable prohibitions of VHWMR § 15.3.C.?	N/A
	50. Did the notification include the following information:	
15.1.G.1. b.(1)(a)	A. EPA Hazardous Waste Number?	N/A
15.1.G.1. b.(1)(b)	B. The corresponding treatment standards and all applicable prohibitions?	N/A
15.1.G.1. b.(1)(c)	C. The manifest number associated with the shipment of waste? and	N/A
15.1.G.1. b.(1)(d)	D. Waste analysis date, where available?	N/A

PART/ SECTION	REGULATION	YES NO N/A
15.1.G.1. b.2.	51. Was the certification signed by an authorized representative, and did it state the following: "I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in VHWMR § 15.4. and all applicable prohibitions set forth in VHWMR § 15.3.C. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."	N/A
15.1.G.1.c.	52. Has the generator received a case-by-case exemption on restricted waste, been granted an exemption through petition, or those wastes subject to a national variance, has the generator forwarded notice with the waste to the land disposal facility stating that the waste is exempt from the land disposal restrictions?	N/A
15.1.G.1.g.	53. Does the generator retain on-site copies of all notices, certifications, demonstrations, waste analysis data, and other documentation for at least five years from the date the waste was last sent to on-site or off-site treatment, storage or disposal?	YES
15.5.	54. Is the generator storing land restricted waste? (For one year storage only)	NO
15.5.1.a.	55. If yes, is the storage on-site solely for the purpose of the accumulation of such quantities of hazardous waste as necessary to facilitate proper recovery, treatment or disposal?	N/A

Comments:

#16.F: COPIES OF CONTINGENCY PLAN SET TO THE FOLLOWING:

- * Bedford County Director of Safety
- * Lynchburg General Hospital - Emergency Services
- * Bedford County Sheriff
- * Forest Volunteer Fire Dept
- * VA DEQ - Solid & Hazardous Waste Management

#29: There was one 55-gal drum in Accumulation Area #1 of paint waste that had the appearance of paint waste solidified/running down the sides of the drum. Housekeeping was the cause of the appearance of the drum, which could be mistaken for a leaking drum. As recommended during the inspection, large flip top funnels are available through supplier catalogs which would prevent such spillage.

#31: During the inspection, it was noted that some drums in satellite areas had accumulation start dates on them indicating when the drum started to be filled in the satellite area. As discussed during the inspection, it is not necessary to place a satellite accumulation start date on the drums. However, it is permissible to document this on the label, but not within the "Accumulation Start Date" line. This spot is for the date on which the drum has been filled and/or sealed to be moved to a 90-day accumulation area.

#38E: The drum in satellite accumulation area #3 (welding/final assembly shop) was mis-labeled as used oil filters, when in actuality, the drum was a parts washer containing petroleum naphtha.

change contact, correct owner address

1120

11-27-95

3QB → GEN

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

I. EPA-ID# V A D 9 8 1 1 0 8 1 7 8 Date: 11-20-95

II. FACILITY NAME Asplundh Tree Expert Co

NEW FACILITY NAME

Name Change _____

III. LOCATION OF INSTALLATION

Street _____

City/Town _____ State _____ Zip _____

County Code _____ County Name _____

IV. INSTALLATION MAILING ADDRESS

Street _____

City/Town _____ State _____ Zip _____

V. INSTALLATION CONTACT

Last Name Sharman First Mark

Job Title Plant Manager Phone # () _____

VI. INSTALLATION CONTACT ADDRESS

Street _____

City/Town _____ State _____ Zip _____

VII. OWNERSHIP

Name of Legal Owner _____

Street 708 Blair Mill Rd

City/Town _____ State _____ Zip _____

Phone # () _____ Land Type _____ Owner Type _____

IX. WASTE CODES

Delete Old Waste Codes

Add New Waste Codes

OW

11/21/95

VIII A. Hazardous Waste Activity

- | | <u>Type</u> | <u>RCRA Reg. Status</u> | <u>RCRA Reg. Desc.</u> |
|----|--|-------------------------|------------------------|
| 1. | Generator | _____ | _____ |
| 2. | Transporter | _____ | _____ |
| 3. | TSD | _____ | _____ |
| | Mode of Transportation for Transporter | | |
| | Air _____ Rail _____ Highway _____ | Water _____ | Other _____ |
| 4. | <u>HWF Burner/Blender:</u> | | |
| | B Boiler and/or Industrial Furnace (BIF) only. | | |
| | D BIF only; Smelter Deferral. | | |
| | E BIF only; Small Quantity Exemption Claimed. | | |
| | N Not a Burner/Blender, Verified. | | |
| | X Other Burner/Blender Activity. | | |
| | Blank Unverified. | | |
| a. | <u>HWF Marketing to Burner:</u> | | |
| | X Code indicates that the Handler is a generator engaged in marketing burners of hazardous waste fuel activities. | | |
| b. | <u>HWF Other Marketers:</u> | | |
| | X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner. | | |
| c. | <u>HWF Boiler/Industrial Furnace:</u> | | |
| | B Boiler and/or Industrial Furnace (BIF) only. | | |
| | X Indication of Activity. | | |
| 5. | <u>Underground Injection Control:</u> | | |
| | X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation. | | |

VIII B. Used Oil Recycling Activities

1. Used Oil Recycling Activities
- a. Used Oil Marketer to Burner:
- X Marketer directs shipments of used oil to burners.
- b. Used Oil Other Marketer:
- X Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner(e.g., marketing to UO refinery).
2. Used Oil Burner:
- X Indication of Activity.
- Burner Types:
- | | | |
|------------------------|-------------------------|--------------------------|
| Utility Boiler _____ | Industrial Boiler _____ | Industrial Furnace _____ |
| H=Hazardous Waste Fuel | U=Used Oil Fuel | B=Both |
3. Used Oil Transporter:
- T=Transporter F=Transfer B=Both
4. Used Oil Processor/Re-refiner:
- P=Process Only R=Refine Only B=Both

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification ☐ B. Subsequent Notification (Complete Item C) ☒

C. Installation's EPA ID Number

V A D 9 8 1 1 0 8 1 7 8

II. Name of Installation (Include company and specific site name)

A s p l u n d h T r e e E x p e r t C o

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

U S R o u t e 4 6 0 W e s t

Street (Continued)

City or Town

F o r e s t

State

Zip Code

V A

2 4 5 5 1

County Code

County Name

B e d f o r d

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

R o u t e 1 B o x 5 7 4

City or Town

F o r e s t

State

Zip Code

V A

2 4 5 5 1

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

S h a r m a n

(First)

M a r k

Job Title

P l a n t M a n a g e r

Phone Number (Area Code and Number)

8 0 4 - 5 2 5 - 2 9 2 9

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

☒ ☒

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

M A N A G E R M A N A G E R M A N A G E R

Street, P.O. Box, or Route Number

7 0 8 B l a i r M i l l R o a d

Town

W i l l o w G r o v e

State

Zip Code

P A

1 9 0 9 0

Phone Number (Area Code and Number)

2 1 5 - 7 8 4 - 4 2 0 0

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

Yes

☒

No

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☒
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☐ D 0 3 9 ☐ D 0 0 1 ☐ D 0 0 8 ☐ D 0 1 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 3	F 0 0 5				
7	8	9	10	11	12

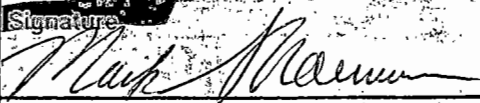
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

Mark Sharman, Plant Manager

Date Signed

11/1/95

XI. Comments

Change contact person



RCRIS: Notification View Screen 2 of 6
EPA ID: VAD981108178 Other ID: Merge Send: Y
Date Received(MMDDYY): 032186 Source(N/E/S): N Non-Notifier Flag:
Date Acknowledged (MMDDYYYY): Send Acknowledgement:
Name of Installation: ASPLUNDH TREE EXPERT CO
Installation Location Address
Streets: US ROUTE 460 W
City: FOREST State: VA Zip: 24551
County Code: 515 County Name: BEDFORD
Installation Mailing Address
Streets: ROUTE 1 BOX 574
City: FOREST State: VA Zip: 24551
Contact Information
Last Name First Name Title Phone Address(M,L,O)
STEELE JAMES SUPV 8045252929 M
Streets: ROUTE 1 BOX 574
City: FOREST State: VA Zip: 24551
Land Type: P
Enter-Continue F1-Previous Screen F3-Exit

RCRIS: Notification View Screen 3 of 6
EPA ID: VAD981108178 Other ID: Source: N
Owner Sequence Number: 1
Ownership: ASPLUNDH TREE EXPERT CO Type of Owner: P
Address of Owner/Operator
Street: 708 BLAIR MAILL RD
City: WILLOW GROVE State: PA Zip Code 19090
Phone: 2157844200
Current/Previous Indicator: CO Change Date(MMDDYY):

Enter-Continue F1-Previous Screen F3-Exit F5-Curr. Owner
F6-Prev. Owner F8-Help F9-First F10-Next

RCRIS: Notification View Screen 4A of 6
EPA ID: VAD981108178 Other ID: Source: N
Waste Activity Type RCRA Reg Status RCRA Reg Desc State Reg Status State Reg Desc
HW Generator: 1 R
HW TSD:
HW Transporter:
Transport Mode: Air: Rail: Highway: Water:

Other: *
HW Burner/Blender: *
NHW Used Oil Recycler: *
----- *
Underground Injection Control: *
Recycler: *
*

Enter-Continue F1-Previous Screen F3-Exit F8-Help *

RCRIS: Notification View Screen 5 of 6 *

EPA ID: VAD981108178 Other ID: Source: N *

Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical *
D001 D002 D008 D018 D039 *
F003 F005 *

Enter-Continue F1-Previous Screen F3-Exit *
F8-Help F9-First F10-Next *



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

VAD981108178

11/21/95

INSTALLATION ADDRESS

ASPLUNDH TREE EXPERT CO
ROUTE 1 BOX 574
FOREST VA 24551
MARK SHARMAN PLANT MGR

US ROUTE 460 W
FOREST VA 24551

change mailing address, contact + address, owner address, type
Add waste codes

469
SQ6
prev. TSD

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# VIAID1918111101811718 Date: 4-4-95

FACILITY NAME Asplundh Tree Expert Co

New Facility Name

Name Change _____

Location of Installation

Street _____

City/Town _____ State _____ Zip _____

County Code _____ County Name _____

Installation Mailing Address

Street Rt 1 Box 574

City/Town _____ State _____ Zip _____

Installation Contact

Last Name Steele First James

Job Title Supervisor Phone # () _____

Street Rt 1 Box 574

City/Town _____ State _____ Zip _____

Ownership

Name of Legal Owner _____

Street 708 Blair Mill Rd

City/Town Willow Grove State PA Zip 19090

Phone # (215) 784-4200 Land Type _____ Owner Type _____

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

D008				
D018				
D039				

nan

4/10/95

<u>Waste Activity</u>	<u>Type</u>	<u>RCRA Reg. Status</u>	<u>RCRA Reg. Desc.</u>
Generator	<u>1</u>	_____	_____
TSD	_____	_____	_____
Transporter	_____	_____	_____
Mode of Transportation			
	Air _____ Rail _____ Highway _____ Water _____ Other _____		

Burner/Blender _____

B	Boiler and/or Industrial Furnace (BIF) only.
D	BIF only; Smelter Deferral.
E	BIF only; Small Quantity Exemption Claimed.
N	Not a Burner/Blender, Verified.
X	Other Burner/Blender Activity.
Blank	Unverified.

HWF Market to Burner _____

X	Code indicates that the Handler is a generator engaged in marketing burners of hazardous waste fuel activities.
Blank	No activity

HWF Other Market _____

X	Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.
---	---

HWF Burner _____

B	Boiler and/or Industrial Furnace (BIF) only.
X	Indication of Activity.

UO Market to Burner _____

X	Code indicates that the Handler is a generator engaged in marketing to burners of off-spec. used oil fuel.
---	--

UO Other Market _____

X	Code indicates that the Handler is engaged in marketing of off-spec used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).
---	--

UOF Burner _____

B	Boiler and/or Industrial Furnace.
X	Indication of Activity.

UO Act _____

B	Boiler and/or Industrial Furnace.
X	Code indicating that the Handler is engaged in marketing of specification fuel oil activities.

Burner Types

Utility Boiler _____ Industrial Boiler _____ Ind. Furnace _____

Underground Injection Control _____

X	Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.
---	--

Recycler _____

C	Commercial
R	Non-Commercial Recycler



Notification of Regulated Waste Activity

United States Environmental Protection Agency

DEPT OF ENVIRONMENTAL QUALITY
Date Received
(For Official Use Only)
MAR 27 1995
DWM/PERMITTING

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

V A D 9 8 1 1 0 8 1 7 8

II. Name of Installation (Include company and specific site name)

A s p l u n d h T r e e E x p e r t C o .

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

U S R o u t e 4 6 0 W e s t

Street (Continued)

City or Town

F o r e s t

State

V A

Zip Code

2 4 5 5 1 -

County Code

County Name

B e d f o r d

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

R o u t e 1 B o x 5 7 4

City or Town

F o r e s t

State

V A

Zip Code

2 4 5 5 1 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

S t e e l e

(First)

J a m e s

Job Title

S u p e r v i s o r

Phone Number (Area Code and Number)

8 0 4 - 5 2 5 - 2 9 2 9

VI. Installation Contact Address (See Instructions)

A. Contract Address

Location Mailing Other

☒ ☒ ☐

B. Street or P.O. Box

S a m e

City or Town

State

Zip Code

VII. Ownership (See Instructions)

Name of Installation's Legal Owner

S e e A t t a c h e d L i s t

Street, P.O. Box, or Route Number

0 8 B l a i r M i l l R o a d

City or Town

V i l l o w G r o v e

State

P A

Zip Code

1 9 0 9 0 -

Phone Number (Area Code and Number)

1 5 - 7 8 4 - 4 2 0 0

B. Land Type

p

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed) Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
1. Smelter Deferral
2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- D 0 3 9 D 0 0 1 D 0 0 8 D 0 1 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F 0 0 3	2 F 0 0 5	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Mark B. Sharman, Plant Manager

Date Signed

3/16/95

XI. Comments

ASPLUNDH TREE EXPERT CO.**(Pennsylvania Corporation)****OFFICERS**

Chairman of the Board	Paul S. Asplundh	3175 Buck Rd., Huntingdon Valley, PA 19006
President	Christopher B. Asplundh	3700 Buck Rd., Huntingdon Valley, PA 19006
Ex. Vice President	Carl Hj. Asplundh, Jr.	P.O. Box 148, 2670 Sugan Rd., Solebury, PA 18963
Vice President	Brent D. Asplundh	900 Gladestry Ln., Lower Gwynedd, PA 19002
Vice President	Gregg G. Asplundh	1405 Terwood Rd., Huntingdon Valley, PA 19006
Vice President	Ian L. Asplundh	925 Gladestry Ln., Lower Gwynedd, PA 19002
Vice President	Scott M. Asplundh	1222 Forest Hill Dr., Lower Gwynedd, PA 19002
Vice President	Steven G. Asplundh	2100 Buttonwood Ln., Huntingdon Valley, PA 19006
Vice President	Stewart L. Asplundh	3021 Huntingdon Pk., Bryn Athyn, PA 19009
Vice President	George E. Graham, Jr.	1820 Valley Rd., Meadowbrook, PA 19046
Vice President	James E. Graham	3750 Concord Rd., Doylestown, PA 18901
Secretary-Treasurer	Joseph P. Dwyer	419 Shoemaker Way, Lansdale, PA 19446
Asst. Secretary	Michael C. Lynch	4 Ferry Rd., Doylestown, PA 18901
Asst. Secretary (Title Clerk)	Joseph J. Tumpak	1510 Center Rd., Feasterville, PA 19047
Asst. Secretary (Title Clerk)	Carlton W. Paugh	332 Yoder Rd., Harleysville, PA 19438
Asst. Secretary (Ins./Bonds)	Dennis A. Stapola	36 Buckwalter Rd., Audubon, PA 19407

DIRECTORS

Paul S. Asplundh, Chairman	3175 Buck Rd., Huntingdon Valley, PA 19006
Barr E. Asplundh	Box 1568-Skipack Pk., Fort Washington, PA 19034
Brent D. Asplundh	900 Gladestry Ln., Lower Gwynedd, PA 19002
Carl Hj. Asplundh, Jr.	P.O. Box 148, 2670 Sugan Rd., Solebury, PA 18963
Christopher B. Asplundh	3700 Buck Rd., Huntingdon Valley, PA 19006
E. Boyd Asplundh	3095 Huntingdon Pk., Bryn Athyn, PA 19009
Ian L. Asplundh	925 Gladestry Ln., Lower Gwynedd, PA 19002
Robert H. Asplundh	2700 Alnwick Rd., Bryn Athyn, PA 19009
Scott M. Asplundh	1222 Forest Hill Dr., Lower Gwynedd, PA 19002
Steven G. Asplundh	2100 Buttonwood Ln., Huntingdon Valley, PA 19006
George E. Graham, Jr.	1820 Valley Rd., Meadowbrook, PA 19046
James E. Graham	3750 Concord Rd., Doylestown, PA 18901

```

*****
RCRIS: Notification View Screen 2 of 6
*****
EPA ID: VAD981108178      Other ID:      Merge Send: Y
Date Received(MMDDYY): 032186      Source( N/E/S ): N Non-Notifier Flag:
Date Acknowledged (MMDDYYYY):      Send Acknowledgement:
Name of Installation: ASPLUNDH TREE EXPERT CO
                        Installation Location Address
Streets: ROUTE 460 W
City: FOREST                      State: VA      Zip: 24551
County Code: 019      County Name: BEDFORD
                        Installation Mailing Address
Streets: RT 1 BOX 326
City: FOREST                      State: VA      Zip: 24551
                        Contact Information
      Last Name      First Name      Title      Phone      Address(M,L,O)
SYKES      PAUL      OFFICE MGR      8045252929      L
Streets: ROUTE 460 W
City: FOREST                      State: VA      Zip: 24551
Land Type:
*****
Enter-Continue      F1-Previous Screen      F3-Exit
*****

```

```

*****
RCRIS: Notification View Screen 3 of 6
*****
EPA ID:    VAD981108178      Other ID:                Source:  N
*****
Owner Sequence Number:      1
Ownership:  ASPLUNDH TREE EXPERT                Type of Owner:  P
*****
                        Address of Owner/Operator
*****
Street:  OWNERSTREET
City:    OWNERCITY                State: AK Zip Code    99999
Phone:   2155551212
*****
Current/Previous Indicator:  CO  Change Date(MMDDYY):
*****

```

```

*****
Enter-Continue      F1-Previous Screen      F3-Exit              F5-Curr. Owner      *
F6-Prev. Owner      F8-Help              F9-First              F10-Next             *
*****
*****
*****
RCRIS: Notification View Screen 4A of 6      *
*****
EPA ID:  VAD981108178      Other ID:              Source:  N              *
*
Waste Activity      Type      RCRA Reg      RCRA Reg      State Reg      State Reg      *
Status      Desc      Status      Desc
-----
HW Generator:      2      R
HW TSD:
HW Transporter:
Transport Mode:  Air:      Rail:      Highway:      Water:      *

```


Other: *
HW Burner/Blender: *
NHW Used Oil Recycler: *
----- *
Underground Injection Control: *
Recycler: *
*

Enter-Continue F1-Previous Screen F3-Exit F8-Help *

RCRIS: Notification View Screen 5 of 6 *

EPA ID: VAD981108178 Other ID: Source: N *

Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical *
D001 D002 F003 F005 *

Enter-Continue F1-Previous Screen F3-Exit *
'8-Help F9-First F10-Next *



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

VAD981108178

04/11/95

INSTALLATION ADDRESS

ASPLUNDH TREE EXPERT CO.
ROUTE 1 BOX 574
FOREST, VA 24551
JAMES STEELE SUPV

US ROUTE 460 W
FOREST, VA 24551



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

VA0981108178

SYKES, PAUL OFFICE MGR
ASPLUNDH TREE EXPERT
RT 1 BOX 326
FOREST

VA 24551

INSTALLATION ADDRESS

ROUTE 460 W
FOREST

VA 24551



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

C															C														
C															C														
Installation's EPA ID Number															Approved					Date Received (yr. mo. day)					Old Bedford				
VAN 981108178															T/A C					86 03 21									
F															1														

A	S	P	L	U	N	D	H			T	R	E	E			E	X	P	E	R	T			C	O	M	P	A	N	Y		
---	---	---	---	---	---	---	---	--	--	---	---	---	---	--	--	---	---	---	---	---	---	--	--	---	---	---	---	---	---	---	--	--

Street or P.O. Box

[illegible]

City or Town													State		ZIP Code												
C 4	F	o	r	e	s	t		V	i	r	g	i	n	i	a						V	A	2	4	5	5	1

Street or Route Number

[illegible]

City or Town															State		ZIP Code					
C 6	F	o	r	e	s	t										V	A	2	4	5	5	1

Name and Title (last, first, and job title)

8	0	4	5	2	5	2	9	2	9
---	---	---	---	---	---	---	---	---	---

A. Name of Installation's Legal Owner

C	A	s	p	l	u	n	d	h	T	r	e	e	E	x	p	e	r	t	P
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

A. Hazardous Waste Activity

☒ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.

☐ 2. Transporter

☐ 3. Treater/Storer/Disposer

☐ 4. Underground Injection

☐ 5. Market or Burn Hazardous Waste Fuel
(enter "X" and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

B. Used Oil Fuel Activities

☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer (for On site Burner)
Who First Claims the Oil Meets the Specification

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 3	F 0 0 5				
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

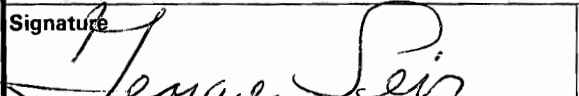
☒ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

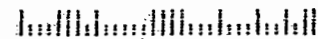
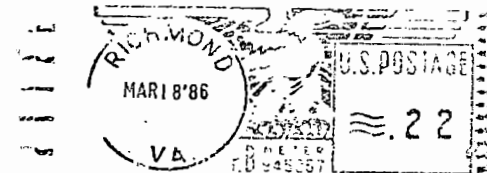
Signature 	Name and Official Title (type or print) George Seiz, Plant Manager	Date Signed Feb. 13, 1986
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COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH
109 GOVERNOR ST.
RICHMOND, VA. 23219

DIV. SOLID & HAZARDOUS
WASTE MANAGEMENT

JOAN HENRY (3HW31)
USEPA REGION III
841 CHESTNUT STREET
PHILADELPHIA PA 19107



EPA - Region III

MAR 20 1986

RECEIVED
WASTE MANAGEMENT DIVISION